

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: MONTANA

DEFINITION OF A STATE QUALIFIED HMO

A state qualified health maintenance organization (HMO) means an organization as which has a Certificate of Authority from the Montana Office of the Insurance Commissioner to operate an HMO in Montana. A state qualified HMO shall meet the requirements of 33-31-301 through 33-31-405 of the Montana Code Annotated.

Additionally, this organization must:

1. Be organized primarily for the purpose of providing health care services.
2. Make the services it provides to its Medicaid enrollees as accessible to them (in terms of timeliness, amount, duration, and scope) as those services are to non-enrolled Medicaid recipients within the area served by the HMO.
3. Make provision, satisfactory to the Medicaid agency, against the risk of insolvency, and assure that neither Medicaid enrollees nor the department will be liable for the HMO's debts if it does become insolvent.